# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

STATE POSITION HELD: (Dept/Div or Board/Commission) NAME (Last, First, Middle) HEMMINGS, FREDERICK, WHITEW TERM OF OFFICE (Begin/End): NOJ. 6. 2002 NUU-

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

#### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
A G	SPORTS ENTERPRISES	D D	senztur protessionar
I 10hook ho	re If entry is None	I 1Che	ck here if additional sheets are attached

### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the

BUSINESS NAME A	AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
Sports =	nrenpaises	sports myrreting	OWER	В
		Sports Grapuses		

[ ]Check here if entry is None

### ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER		
[ ]Che	[ ]Check here if entry is None [ ]Check here if additional sheets are attached			

#### ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

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F Country wide Home Look P.O. Box 5170 Simi Variey. (A. 93062, 5170	H	H

## ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,J <b>T</b>	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION	
F	DENVER BRONCOS YKW,	01 rector	1984 —	Ø - A	
[ ]Che	[ ]Check here if entry is None [ ]Check here if additional sheets are attached				

### ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. STREET ADDRESS TAX MAP KEY NUMBER VALUE DC,JT 490 Paumzkur wry Lor 13 KAILUR, HI 96734 4-2-54.29 ]Check here if entry is None [ ]Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. TAX MAP KEY NUMBER & STREET ADDRESS AMOUNT & NATURE OF NAME OF PERSON DC,JT **CONSIDERATION PAID** RECEIVING THE CONSIDERATION Check here if entry is None [ ]Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. TAX MAP KEY NUMBER & STREET ADDRESS **AMOUNT & NATURE OF** NAME OF PERSON **FURNISHING THE** DC,JT CONSIDERATION RECEIVED CONSIDERATION

[V]Check here if entry is None

[ ]Check here if additional sheets are attached

## ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

#### ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
-			STATE	.00
			ري. د م	RECEIVED
Nacheck he	re if entry is None	[ ]Check	here if additional sheets	are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE)

MAy 24. 2004

FORM D-201